

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-0148.M2**

August 13, 2003

**SECOND REVISED REPORT  
Change of MDR#. Case had been re-docketed.**

Re: Medical Dispute Resolution  
MDR #: M2-03-1389-01 (From M2-03-0812-01)

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

**Clinical History:**

This approximately 45-year-old lady was experienced a work-related accident on \_\_\_\_\_. She was struck on her knee, causing a small abrasion or break in the skin of her knee. The injury was treated with a band-aid, but escalated to a painful condition. She went through several weeks of physical therapy that was predominantly modality in orientation. It is not clear that she ever had a home exercise program. According to the records, she received treatment from a chiropractor. The patient had very limited involvement in self-treatment.

The patient now has not only complex regional pain syndrome (RSD) with symptoms in the leg involved in the injury, but there has been spread of symptoms partially to the other leg and back area, as well as both upper extremities.

The patient also had injections, including trigger point and stellate ganglion blocks. She did receive about one week of relief from these injections. She has also been through approximately 13 sessions of counseling for the stress and emotional anxiety symptoms associated with this care.

The patient has been off work and has been depressed. She has apparently become much less active. She has lost the use of her car and has had foreclosure on her home. The list of significant problems goes on. She has even had a suicide attempt, but was probably outside the time frame of this injury.

The patient now has not only complex regional pain syndrome (RSD) with symptoms in the leg involved in the injury, but there has been spread of symptoms partially to the other leg and back area, as well as both upper extremities. In treating this patient, the argument is that all of these symptoms relate to the minor abrasion of the right knee.

**Disputed Services:**

Chronic pain management program for 5 X weekly for 6 weeks.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a pain management program is not medically necessary in this case.

**Rationale:**

Treatment of the knee injury is not medically necessary in this case. While the patient would not benefit from a pain management program, making it not medically necessary, this patient does need a comprehensive program of treatment. However, there should be much greater emphasis on the patient's self-involvement.

The patient's injury to her knee has now become a total-body problem that may well have been augmented by her treatments.

Modality therapy as the form of physical therapy over perhaps a three-week period early on is clearly not the appropriate therapy for a minor abrasion of the knee. Appropriate wound care would have been in order, and involvement of the patient in a progressive exercise program would also have been in the order of treatment. Modality therapy, according to the literature, referring particularly to the Quebec Task Force report in *Spine* in approximately September 1987, is not supported in this case. This literature primarily related to treatment of back injuries, but it is easily extrapolated to an injury of this nature.

This patient needs an exercise program. A very extensive evaluation into her psychological history points to significant psychological problems dating back to her childhood with abuse in her home, and then a failed marriage. She has a non-existing relationship with her father. All of this suggests a patient with underlying psychological problems that do not relate entirely, or perhaps almost to any degree, to the abrasion on her knee.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 5, 2003.

Sincerely,